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THE CHIRONIAN.

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THE CHIRONIAN will be sent until ordered discontinued.

WE wish to call the attention of those who are indebted to THE CHIRONIAN that we are very much in need of money now. The printer's bill and the postage must be paid without delay, and in order to do that we are compelled to call on our subscribers to help us out. Our genial business manager suggested that we notify those whose subscriptions were not paid that the money will be very acceptable.

THE CHIRONIAN receives many kind words from the Alumni. Every mail brings letters containing the hearty commendation of those who appreciate our work and who have not forgotten their Alma Mater and the pleasant associations of their old college days.

It is said that "variety is the spice of life." We have received one letter that contained no balm, neither lucre nor soft speech. This subscriber has received THE CHIRONIAN for three years and, in reply to our kind invitation to pay up, he wrote a long dissertation on the theme

that it would be of far greater benefit to us if we studied more and edited less; but not one word did he say about paying for what he had received. It may seem rather hard to some of our readers to speak in this way even of one so mean; but he will not see this number of THE CHIRONIAN, unless he borrows it of his neighbor. (The neighbor can get an extra copy by applying to Frank.)

WE suggest that some member of '88 invent a scheme by which each of its members may have a fair chance to attend the different operations next year.

On the face of it, the alphabetical method seems fair enough; but when you remember that only one or two operators get through the list, it is evident that some one is left. The A's and B's have the advantage this year.

Some have seen as many as five or more operations, while others have seen but one. It could be easily arranged and would meet the approval both of Faculty and students.

AT a recent meeting of the Executive Committee of the Alumni Association of our college, it was decided to hold the annual dinner again at Delmonico's.

As the Commencement Exercises will take place in the afternoon, the dinner hour has been set for 7.30 P. M., April 14th.

Prof. S. H. Talcott has been chosen toastmaster. In addition to the quartette there will be a full orchestra.

Another New Hospital.

THE "Deaconess Institute of the Methodist Episcopal Church" is the name of a new hospital located at 129 West Sixty-first street. It is open now for the reception of patients requiring medical and surgical treat-

ment. It is under the management of the Methodist Episcopal Church of New York City, but is open to all who need treatment, irrespective of creed or nationality. The consulting staff consists of Drs. T. F. Allen, J. McE. Wetmore, G. E. Belcher, J. G. Baldwin, and Drs. W. T. Helmuth and F. E. Doughty as consulting surgeons. Attending physicians—Drs. J. M. Schley, W. N. Guernsey, L. L. Danforth, E. V. Moffat, H. M. Dearborn, E. H. Porter, J. B. Garrison. Attending surgeons—S. F. Wilcox, F. S. Fulton, and H. H. Crippen as resident physician.

Enuresis.

A PAPER READ BEFORE THE SOCIETY FOR MEDICO-SCIENTIFIC INVESTIGATION, NEW YORK, DECEMBER 5, 1886, WITH ADDITIONS.

BY PROF. M. DESCHERE, M.D.

(Continued from page 106, No. 7.)

I HAVE found *Ferrum met.* most useful in the medium potencies, from 6th to 15th, in the diurnal form of the affection. There is not so much wetting of the bed at night, which, however, need not be absent, but the most trouble comes during the day, especially *when walking*, or in school-boys who worry about their lessons, and consequently are a nuisance to the teacher by constantly asking to leave the room. The control over the bladder is so slight that, unless the patient can follow nature's call at a suitable place immediately, he will wet his clothes. Sitting and lying quietly relieves the urging. The urine is of a light color, copious and clear, sometimes of alkaline reaction. This color of the urine determines the choice between *Ferrum* and *Selenium*, the enuresis of which is otherwise very much like that of *Ferrum met.*, worse in the daytime and when walking, but the urine is dark red, with a sediment of the same color; while in *Ferrum*, if there is a sediment, this is whitish, containing phosphates or mucus, thus pointing to a complicating catarrh of the bladder.

Ferrum phos. has a very characteristic distinction from the metal. The sudden irresistible urging and the aggravation in the daytime are the same as in the latter, but this urging, as

well as involuntary urinating, are worse while *standing*, and are accompanied by pain along the urethra and in the neck of the bladder. (Remember this remedy also in *retention* of urine, with fever, in little children; as well as in involuntary spurting of urine with every cough.)

In cases where the urination at night is *very profuse*, the bed being actually flooded, I have seen good results from *Phosphoric acid*.

Sepia will be useful when the child wets the bed soon after going to sleep; at least always in the first part of the night.

A remedy which I have used successfully when I found, as is frequently the case, enuresis day and night, but where the *desire would continue even after urination*, is *Ruta grav.* The urine may have a greenish color (which can be found among a dozen other remedies).

Equisetum, which has been empirically recommended by homœopathic physicians, has not given me much satisfaction, probably because the indications are not characteristic enough to warrant a correct prescription. I could thus extend the list of remedies if I were not afraid to tax your patience, and I shall therefore simply call your attention to *Causticum* in weakly, feeble constitutions, also urinating during first sleep; *Silicea*, when symptoms similar to those of *Calcarea* are present, especially where the abdomen is very large and constipation supervenes; *Argentum met.*, when the patient is awakened by the urgency to urinate very frequently during the night, and has hardly time to use the vessel; *Chloral hydrate*, as a counterpart to *Sepia* and *Causticum*, when the child wets the bed in the latter part of the night.

Causticum, *Squilla* and *Thuja* have the common symptom of involuntary urination while coughing, added to the nocturnal enuresis (vide *Ferr. Phos.*).

Remedies which deserve further study are *China*, *Conium*, *Carbo veg.*, *Gelsemium*, *Graphites*, *Hepar*, *Pulsatilla*, *Phosphorus*, *Sarsaparilla*, *Sulphur*, *Calcarea*, etc.

It is hardly necessary to draw your attention to the precaution of having the child taken up

during the night to pass water, as well as not allowing it to partake of fluids late in the evening, and you should warn the parents against their children drinking coffee. *Hahnemann*, in a treatise on the effects of Coffee, in his "*Lesser Writings*," says: *Coffee* always increases the flow of urine, and he continues: "Coffee acts the more formidably with children the younger and more delicate they are; their color gets pale, their muscles flabby. Walking and teething are retarded; they have a swaying gait and want to be constantly carried; they speak indistinctly and they are dull, nothing pleases them; fretful and timid; and so forth. We know what use to make of this, when finding such conditions with children who never receive any coffee, but if they have our first antidote ought to be *Nux vomica*. A bad habit is practiced in schools, viz.: not allowing the child to leave the classroom to follow the call of nature. In such cases I always give a certificate to the teacher explaining the difficulty, and prescribe *Ferrum*."

In chronic enuresis, accompanied with wasting and great thirst, I always examine the urine for sugar; as Diabetes mellitus is not so rare during childhood as is generally supposed, and will frequently befall fat and chubby children in whom the emaciation will be the more apparent if the condition be allowed to continue. Enuresis, when excessive, is the first symptom calling attention to Diabetes.

In children with long narrow prepuce, adhering to the glans, I advise circumcision, if the breaking up of the adhesions is not sufficient.

Comments.

WITH reference to the new Antithermic "Antifebrin," the *New England Medical Gazette* suggests as a name for its possible successor "Antithermin," and this proving unsatisfactory "Rough on Fevers" is proposed. It is, however, only fair to say that journals other than homœopathic deplore the naming of drugs after the fashion of proprietary and quack nostrums. This matter is discussed in the *Lancet*. Perhaps also to be thoroughly consistent the term "anthelmintica" should be abolished as a

designation for *Cina*, or some one may suggest in its place "Vermifuga" or "Rough on Worms."

As to the proper (scientific) name for antipyrin (according to Du Jardin Beaumetz) "some think that it should be called *dimethoxy quinine*; others, on the contrary, call it *methyated oxymethylquinizine*. Would the *Lancet* and the *New England Medical Gazette* have the latter name adopted? Might it not then be called "Rough on Linguists"?

But, jesting aside, is it not true that physicians should be careful how they place too much reliance on a single drug to cover the broad ground of high temperature, not only lest they be unsuccessful here, but that if successful in a potent reduction of temperature other functions become as potentially perverted.

"Kairin," "Thallin," "Resorcin" have served their turn and now it seems "Antifebrin" is fast displacing "Antipyrin" (so says the *Medical Gazette*), and the editor of the above journal pertinently observes: "One suggestion from all this can only be ignored or rejected by the willfully deaf or blind. And that is, that every new antipyretic exultingly discovered and heralded by the rational school sheds, in its meteoric passing, and by its very transitoriness, a brighter glory on the laurels won and worn by those antipyretics of our homœopathic pharmacopœia, which came into medical science nearly a century ago, and, when they came, came to stay. Belladonna, aconite, rhus tox., bryonia—these, standing sturdily, yet modestly, each in its place, and neither vaunting itself as a universal and infallible specific, nor failing in its duty in that especial kingdom of suffering over which it has control—these, and a few of their not less honorable brethren of later discovery and date, will steadily and nobly serve us and our successors as they have served 'our fathers in the old time before us,' and who shall ask for better helpers?"

In the late work of Dr. Du Jardin Beaumetz on "New Medications," some interesting observations on the subject of the new antithermics seem worthy of our attention in this connection, as they remind us of what the poet says with reference to man:

"So generations" (medications, it should be), "in their course decay. So follow these when those have passed away."

Dr. Beaumetz says: "Kairin is then an antithermic substance, but one which acts by diminishing the respiratory power of the blood, and by destroying the hæmoglobin. In some recent researches, Bouardel and Paul Loye have confirmed this view, and have shown that thallin and kairin have a similar action—that of destroying the hæmoglobin."

"Moreover, contrary to what takes place in the case of the other antithermics, kairin and thallin have no action on the fermentations. Kairin then ought to be discarded from therapeutics. It is a dangerous medicament, because it produces its antithermic effects by destroying the hæmoglobin and by profoundly altering the blood, circumstances which should be especially avoided in the infectious febrile diseases."

Thallin is said to belong to the same series (guinoleine) and is the *tetrahydroparametheloxiquinoline*. Thallin (from thallus, a green branch) is the name given by its discoverer on account of a green color which it assumed in certain reactions.

(Would the *Lancet* advocate the use of the scientific chemical name?)

Of this substance Dr. Beaumetz says: "Unhappily, thallin, like kairin, lowers the temperature not by acting on the thermic centres, but by diminishing the respiratory power of the blood and dissolving hæmoglobin."

Of "resorcin" the same distinguished authority says: "But what led me to abandon resorcin in the treatment of rheumatism and typhoid fever is not only its want of power, but also the toxic phenomena which I have observed. Resorcin is not only an irritant medicament, it is also a poison," etc., etc.

Again with reference to "antipyrin":

"Antipyrine is toxic, but is much less so than resorcin, which again is less toxic than phenic acid. . . . The symptoms of poisoning are, however, almost alike in both cases; these are of tetanic and paralytic character, exactly resembling those which characterize strychnine poisoning. It is not then doubtful that antipyrine acts

on the cerebro-spinal axis, and it is probable in modifying the thermogenetic centres that it depresses the temperature. . . . It has also a notable action on the perspiration, which it augments, and this is ever a disadvantage in administering antipyrine to tuberculous patients."

This substance is said also to be an "antagonist to fermentation" and by some to possess hæmostatic propensities.

Such, then, are the vaunted antipyretics—"going—going—gone," *i.e.*, some are going, others have pretty much gone.

With reference to the indications for these antithermic medicaments, Dr. Beaumetz observes (with such cogency and good sense that we venture further quotation): "Fever . . . is characterized by an augmentation of the pulse and temperature, and we have proved both of these phenomena to be due to an increase of the combustions of the economy. . . . First of all, you must be aware that to reduce the temperature and to combat the hyperthermia is not to annihilate the fever, nor even to reach the cause which has provoked it. To depress the temperature of a man affected with pneumonia is not to cure the pneumonia . . . to maintain the heat curve on a horizontal line" (in typhoid fever) . . . "is not to cure the fever; and this is so true that it is a fact that by the employment of the antithermic medication we do not diminish by one day or one hour the febrile malady. The antithermic medication, then, influences only one of the elements of the fever." These remedies, therefore, he concludes, "should only be used against the excessive elevation of the temperature, and not against the fever; and the determining cause of the latter."

Dr. B. then asks: "Has the hyperthermia, then, any danger by itself?" He does not agree with the German school that "all the grave symptoms of the disease result from the sole fact of the hyperthermia."

"Take a case of infectious pneumonia. You can artificially depress the temperature, but you cannot by that diminish the gravity of the disease, and the patient may even succumb

with a temperature almost normal. Observe how it is in typhoid fever: You will see patients who bear their disease very well with temperatures elevated to 40° C. or above, and this without delirium; others, on the contrary, present an ataxo-adynamic state of the greatest gravity, with depression of the forces, despite a temperature very little above the normal."

I would not have it understood by the above quotations that Dr. Beaumont discards entirely the use of the antipyretic medications. That he is moderate in his estimate of them is evident—even of antipyrin, and with reference to their use in typhoid fever he says:

"For my part, till something better is found, I prefer baths in typhoid fever to all these medicaments. . . . I obtain from these baths" (90° to 97°) "thus administered a triple effect: They keep the skin cleansed; they cause an abatement of the nervous symptoms, producing repose and calm; and they have an undoubted antithermic action."

In a record of 551 cases of typhoid fever, most of which were treated by baths and ice bags on the epigastrium instead of by antithermic drugs, there was a mortality of only ten and a half per cent. as reported by Dr. Aufrecht of Magdeburg.

Antifebrin is next to be heard from. If there is anything in homœopathy there must be much in it, for the indications of our remedies are not given in indistinct outline, but in clear-cut detail, nor are they destructive if not beneficial.

DR. G. H. WILKINS, of Palmer, Mass., writes us concerning the beneficial effect of sulpho-carbolate of soda in diphtheria: "I triturated sulpho-carbolate of soda and milk sugar equal parts and give about six grains every two hours, dry on the tongue, and give no liquid for at least fifteen minutes. It controlled the fetor of the breath, so that I could tell the difference when I went in one night and she had not taken it for four or five hours. I think it prevented the blood poison *so far as that results from inhalation and absorption of secretions from the throat*, and while she had the worst throat I ever saw she did not show nearly

the intensity of sceptic symptoms that most of my cases have done heretofore."

THE London *Medical Record* says that chloroform has been found very efficient against tape-worms—a few drops every few minutes for a few times.

This anæsthetic method of treating tape-worms would doubtless receive the sanction of the "society with the long name."

Perhaps it causes the tape-worm to unloose its hold on the intestinal wall.

A Case of Glaucoma Preceded by Iritis.

REPORTED BY CHAS. T. BURTIS, '87.

A SHORT time ago the following case was brought to my notice. A man of about sixty years of age, suffering from intense pain through the right eyeball, with supra-orbital and temporal neuralgia of the same side. The sclera was red and injected with numerous and tortuous blood-vessels, intense photophobia and contracted pupil. The case was diagnosed as simple iritis, and atropia sulph. grs. ii. ad aqua destil. ℥i was ordered, one drop to be instilled every two hours, besides a cold pack over the eye. On the next day the pain was somewhat relieved, and an increased dilation of the pupil was noticed. The patient continued to improve for about a week. Then, without any apparent cause, the patient grew rapidly worse. He suffered with intense pain, there was increased dilation of the pupil, some haziness of the cornea, increased shallowness of the anterior chamber and increased tension of the entire ball. The dipping of the retinal vessels into the apparent cup at the optic nerve entrance could be discerned, and within a few hours there had been very rapid destruction of sight. The case was now diagnosed as acute glaucoma. That afternoon the operation of iridectomy was performed by Dr. Geo. Clinton Jeffrey, of Brooklyn. Eserine grs. iv. ad aqua destil. ℥i was given as a local application, one drop every two hours until the next day. For a day or two

the patient improved, but on the third day following the operation the patient grew rapidly worse. The advisability of enucleation of the entire eyeball was suggested to the patient as the only means of relief. He at once agreed to this. Accordingly, on the following day, the operation was performed by Dr. Jeffrey. Pain was at once relieved, and the patient made a rapid recovery.

Typhoid Fever.

BY JOSEPH H. M'DOUGALL, M.D., '77, TOMPKINSVILLE, STATEN ISLAND.

MISS E. B—, a stenographer, having secured a desirable position, after being out of employment for some time, was, in consequence, ambitious to make her engagement permanent.

She found herself breaking down in the effort, affected with frequent headache, malaise, anorexia, offensive taste, chilliness and fever, all of which symptoms led her to believe she was suffering from malaria, for which she took Bryonia alba, etc., without much relief.

I was then called (September 21, 1886) and found the patient in bed in a state of nervous apprehension, a feeling of distress in the epigastrium, with nausea, pain in the abdomen and legs, as if she had taken a severe cold.

A physical exploration of the chest disclosed moist rales in the upper portion of the right lung, which led me to suspect the whole condition as due to a developing pneumonia.

The temperature in the morning was 100.8° Fahr., in the evening 102.0. I began to suspect Typhus Abdominalis (as her temperature showed a persistent upward tendency, together with an absurd mania and an ochre diarrhoea), which I positively pronounced it after a few days.

A table of the temperature in this case (which will be found appended) will show that the thermometer did not persistently register the highest degrees in the evening, which fact would lead one to question the correctness of the diagnosis, were it not for the other signs, which to me, were unmistakable.

The patient was very restless and talkative, had the typhoid expression of countenance, picked at the bed clothes, and one day persisted that she was going down to South Beach, a distance of about two miles, to take a bath, appealing to me for approval of her plan. I mildly suggested that it would tire her too much to go, besides she might take a serious cold, and upon the whole it would be better to wait until she was stronger. So she yielded with a good grace; but if I had opposed her openly, I feel assured she would have made it lively for us—for when she wanted anything to quench her thirst or appease her appetite she was very positive; so as a matter of policy, I would make a compromise, choosing from what she suggested the least harmful food or drink.

One day there was partial paralysis of the sphincters of the bladder and rectum, but they soon regained their power; and, in fact, the patient insisted (almost every day of her illness) on getting out of bed to use the commode, though she had, at times, from four to five stools a day.

I called one afternoon and, finding her sleeping calmly, left without disturbing her; but a few minutes after was summoned in haste by her sister who said, "She looks so queer," and her mother thought she was about to die. I found her with jaws firmly set resisting my efforts to force them apart to administer medicine. At first, I thought of fatal collapse, but the face was not hippocratic nor even pale.

She rolled her eyes and turned her head to look at her mother, who was crying, seeming to be conscious but unable to open her mouth to speak.

I soon concluded I had a case of hysteria to deal with, and that there was no immediate danger. Dr. B., who had been sent for in consultation in this emergency, on his arrival confirmed my diagnosis, and after a few drops of brandy and water were forced between her lips she came to, laughing, and her face seemed to say, "have n't I been having a great hoax at your expense!"

She said she knew what was going on about

her, but her jaws were frozen, and she could not open her mouth.

The next morning she was threatened with a recurrence of this condition, but it proved a false alarm.

From this time on the temperature gradually fell, and on the twenty-first day was a little below normal.

She was very weak after the fever subsided, but rallied soon, and two weeks later resumed her duties at the office.

Febrile range.

	MORNING.	AFTERNOON.	EVENING.
Sept. 21, 1886....	100.8° Fahr.		102°
" 22, "	102.5° "	102°	101°
" 23, "	103.2° "	102.5°	103.5°
" 24, "	101° "	101.2°	100°
" 25, "	101° "	102.5°-103° *	99°
" 26, "	99.8° "	99.9°	99°
" 27, "	101° "	100.6°	101.8°
" 29, "	100.9° "		100.2°
" 30, "	100.4° "		99.8°
Oct. 1, "	99.6° "		97.8°
" 2, "		99.6°	

When the temperature reached so nearly normal I was careless about keeping the record, which accounts for its incompleteness.

The remedies I found most useful were *Bryonia alba*, *Rhus. tox*, *Baptisia tinctoria*, Phosphoric acid, *Belladonna* and *Carbo veg.*, but whether any of these kept the fever in check during its typical run I cannot say, for the next case was so discouraging that I became skeptical of the power of any drug to abort or modify a *genuine* typhoid fever.

CASE NO. 2.—Miss J. B——, a sister of the last patient, worn out by night watching and assiduous attention to her, began complaining of headache and a disagreeable taste in the mouth, accompanied by chill and fever.

While treating case No. 1, I heard almost daily: "I should think there ought to be something to break this fever; I think if it had only been taken in time it might have been stopped;"

* This was the afternoon of the hysterical attack, which probably was the ushering in of the crisis, for certainly after that date the fever was very low and, although a slight rise of temperature persisted during a part of each day, until the twenty-first (dating from the probable commencement of the attack), convalescence began then.

to which I would reply that the highest authorities of both schools agreed that a real typhoid could not be aborted, but would run its course of twenty-one days.

I also told the mother of the accidents that *might* occur, that could neither be foretold nor prevented.

So I concluded to give this patient massive doses of Quinine, thinking hers, possibly, a case of remittent fever; but in spite of this treatment the fever rose higher as the days went by, averaging higher than did her sister's, yet for most of the first week she persisted in being dressed and sitting with the convalescent down stairs. There was *constipation* which persisted throughout, making the exhibition of the enema necessary from time to time. The second week she kept her bed; her stomach was very sensitive, there were petechiæ over the epigastrium, nausea and occasional vomiting. Her mind was clear, though her temperature averaged from 102.5° to 103.5° Fahr. The third week, the high temperature continued with occasional exacerbations reaching 104° and over; but on the twenty-first day it had fallen to almost normal. Up to this time, her condition was favorable, the only alarming symptom being a slight hemorrhage from the bowels, which soon subsided; but as the fourth week set in the mercury kept climbing up with defiant persistency, registering 104°, 104.5°, 105°, 105.5°, resisting every drug or measure, which the consulting physician (old school) or myself could think of. There did not seem to be any increase of abdominal tenderness or tympanitis; nothing that gave outward sign to account for the continuance and increase of the fever. The delirium was now more or less constant, there was subsultus tendinum, sinking down in bed and coma. On the morning of the twenty-ninth day of my attendance she was taken with intense abdominal pain, accompanied by distension of the abdomen with tympanitis, the temperature rising to 106° or 106.5° (having lost the record I cannot be positive), and death occurred before noon, resulting from peritonitis, due to perforation of the intestine, I have no doubt, though no autopsy was made.

I have had three cases of typhoid thus far which, contrary to the general rule, were *accompanied by constipation*, and every one proved fatal. It may be that diarrhœa tends to relieve the local congestion and tension, and thus lessens the tendency to perforation.

I am of the opinion that the intense anxiety of the patient's relatives often induces the attending physician to do too much, and thus the "*vis medicatrix naturæ*" is hindered rather than helped. I also firmly believe that well-indicated homœopathic medicines will modify such disagreeable symptoms as arise from time to time, and will contribute greatly towards the comfort of the patient: and if they fail to act, the prognosis is very unfavorable.

Liquid food should be given in small quantities at frequent intervals, and stimulants in moderation should the vital powers flag; but I fear that at times they are pushed to such an extreme as to bring on alcoholic stupefaction, which may be mistaken for approaching coma, and tempt one to increase the quantity, when its discontinuance would give nature a better chance.

A Fragment.

IT has been said, with what degree of truth I shall not venture an opinion, that "memory is the only paradise out of which we cannot be driven."

Certain it is, however, that it *is* a paradise, and one in which we all delight to roam. So filled with pleasure are the excursions we make that anything tending to freshen the paths of the past and people them with bygone companions is hailed with delight.

College songs and jokes, meaningless to a stranger, are as strains of angelic music as they recall scenes of early enjoyment.

And so, as I see that reminiscences are in order, I wish to add my mite to revive dim recollections in the minds of the class that graduated as long ago as 1886.

And in doing so I shall try to present such bits of pleasant import concerning their present surroundings as I am able to learn.

"Could we Time's mantle backward fling" while only twelve moons have waxed and waned we would find these skillful medicine-men now scattered even unto the wilds of New Jersey, all collected in one conglomerate intellectual assembly known now, henceforth and forever as the Class of '86.

One year ago that saintly red-bearded martyr, called Frank, known to possess a temper as even as the climate in California, was heard to exclaim that "*this* class can make more noise than any other I ever had anything to do with, for sure," and this year he makes the same assertion.

One year ago Faust, the unsuppressible, was the manager of the Amphitheatre Toboggan Slide, with Tilford as active assistant, while now the one is engaged in a less exciting, but more profitable, business at South Berne, N. Y.; while the other is thinking of purchasing a full-grown practice at Delhi, N. Y.

One year ago ex-Editor Hawley was taking voluminous notes with a jack-knife on his lap-tablet, carving sketches of the veinous circulation and executing antediluvian monsters and sweet violets in bass-wood-relief, while now he is rushed with a city practice.

One year ago the genial smile of "Bob," the "ringleader," would refuse to be made "glum" by any of the medical avalanches flung down upon us from the awful height of a professor's chair, and now the same smile is healing indolent ulcers and mitral stenosis at the Ward's Island Hospital.

One year ago Wentworth would be seized with Sympathetic Anorexia about twice a week if the guardian angel of Uncle Sam's mail failed to hand him a pink-tinted letter filled with the sweet odors of New Hampshire's fir trees and—taffy; now his digestion is fine, and he is happy with plenty of \$20 obstetrical cases.

One year ago "Gawrge," the heavy-weight, was engaged in his old business of "EXTRA TELEGRAM—FIVE O'CLOCK" in a tone of voice that would awaken everything for miles around excepting the inhabitants of the dissecting-room; while now the professional courtesy he uses in his elegant uptown office is only equaled

by his brother, who, not content with all the prizes the faculty had to bestow, sought still another shortly after and found it—a wife.

One year ago Dodge, who had reason to be, and was, one of the happiest men in the class, was continually obliged to move to accommodate the long legs of Keeler, his next seat mate; now in Manchester, N. H., he is rapidly filling one of "Miner's Day-book and Ledger" and is happier still.

One year ago Knight, our poet laureate, was growing melancholy in his endeavor to find something to rhyme with our German exile Benedix; now, as assistant surgeon in Prof. Helmuth's new hospital, his poetical fire is being smothered.

One year ago—but we must pause, although we fain would speak of many more of the characteristics of genius possessed by the Class of '86 *one year ago* and *now* so completely forsaken.

May the painting of Memory be on a canvas that will never decay and in colors that will never fade.

EIGHTY-SIX.

The Treatment of Placenta-prævia.

FROM A LECTURE BY PROF. L. L. DANFORTH.

GENTLEMEN—At our last lecture we studied the subject of placenta-prævia in all its details; defined the different locations of the placenta within the region of its unnatural attachment; sought the causes of the bleeding, the source of the blood, the clinical history as witnessed at the bed-side, the diagnostic features of the condition, the prognosis, and lastly the treatment.

As I told you at that time, no two cases require exactly the same kind of management, and it is essential that you should obtain here a clear idea of the principles involved in the treatment of this most formidable complication of pregnancy. The summary which I have here drawn up is merely a formal statement of the directions already given, and by presenting them to you in this way I hope that you will be able to emphasize in your minds such points as may not have seemed quite clear to you.

I.—In a case of placenta-prævia recognized before the viability of the child is established, you would be justified in temporizing—that is to say, the pregnancy may be allowed to continue until the seventh or seventh and a half month. The patient should, however, be warned as to the liability of a recurrence of hemorrhage, and cautioned against everything which would tend to produce such a result, like unusual exertion, excitement or coitus, and rest in bed enjoined. The attendant being instructed meanwhile in the manner of applying a tampon, the necessity for cold applications to the abdomen and vulva, and advised to send at once for the physician should hemorrhage set in.

II.—After the thirtieth week, or, at the latest, the thirty-second week, it is safe to say that the life of both mother and child are less imperiled by the induction of premature labor than by exposing them to the dangers of continued gestation. In the language of Robert Barnes: "If the pregnancy have advanced beyond the seventh month it will, as a general rule, be wise to proceed to deliver. The next hemorrhage may be fatal; we cannot foretell the time or extent of its occurrence; and when it breaks out all, perhaps, that we shall have the opportunity of doing will be to regret that we did not act when we had the chance." Having determined upon precipitating the labor, the method of procedure will depend upon the condition of the cervix uteri as regards its softness, dilatability, etc., or upon the presence or absence of hemorrhage. In case there is no hemorrhage, and you have time to act deliberately, you may proceed at once to the dilatation of the cervix in the following manner: If the cervix is long, narrow and rigid insert as large a tupelo tent as the cervix will contain, and reinsert once or twice until as much dilatation has been obtained as can be secured with tents, or until the cervix is dilated to the extent of admitting two fingers.

If the cervix is already soft and dilatable, this preliminary may not be required. It may be laid down as a rule, however, that the earlier in pregnancy the operation is undertaken, the more likely is preliminary dilatation to be required. After dilatation has taken place to

the extent above indicated, several courses are then open to you.

1st. *Rupture the membranes*, doing so at the margin of the placenta, even if the margin is quite to one side of the cervix and it is necessary to pass the finger quite to one side to reach the membranes. This method of inciting labor and controlling hemorrhage is especially useful in *partial* presentations of the placenta. If little or no hemorrhage follows the act of rupture, the condition of the patient is favorable, the head of the child has entered the pelvis; contractions are good, and there is no disproportion between the foetus and the genital passages, the case may then be left to nature. As an additional means of promoting contractions the application of a firm binder over the uterus is of value. Should the location of the placenta be central, it may be difficult owing to the rigidity and resistance of the tissues to penetrate the centre of the mass and reach the membranes; but this must be done, though the act generally causes a very strong hemorrhage. Leaving such a case to nature is not good practice, even if pains are present. A better plan is the second, which we shall presently speak of—the performance of bimanual turning. Right here it is well to call to your minds the important anatomical fact that *the dilatation of the cervix means almost inevitably hemorrhage*. You have on the one hand, as the essential preliminary to the birth of the child, the expansion of the cervix, and, as you have already learned, the cervix cannot expand without rupturing uteroplacental vessels to a greater or less extent. I have said that the *almost inevitable* result is hemorrhage. I mean by this, that the occurrence and persistence of the hemorrhage will depend upon conditions which you cannot always control, such as the force and frequency of uterine contractions, and, as a necessary corollary from this, the rapidity of cervical expansion and the degree of pressure exerted by the presenting part upon the bleeding tissues. Here, as elsewhere, the one constant condition of the physiological arrest of flooding is contraction of the uterus, active and tonic. It may be necessary, therefore, in case hemorrhage

does not cease to reinforce nature's efforts by the employment of artificial pressure, as exerted by means of some form of tampon applied directly to the bleeding vessels. The Barnes bags, or better still, the modification of these by Dr. McLane, the double fiddle-shaped bags have here their highest sphere of usefulness. They combine continuous dilatation with complete occlusion of the cervical canal. Tamponing the cervix with sponge tents is also an effective means of checking hemorrhage at the same time that dilatation is advanced. Sponge tents answer a better purpose here than the tupelo tents, because they dilate more rapidly and, since they are not intended to remain more than an hour or two, there is little danger of septic infection from their presence. In addition to the tampon in the cervix, the vagina should be securely tamponed as well. While the tampon may be a very useful remedy sometimes, it is not a remedy to be highly extolled, and *should be avoided whenever possible*. The likelihood that it may not prove as effective a remedy as is expected and that hemorrhage may continue, the blood being concealed above, is the chief objection to its use.

During its presence in the vagina, therefore, the patient should be most carefully watched, lest evidences of blood loss appear not accounted for by what is seen to flow externally.

Should you be so fortunate as to secure full dilatation of the cervix (or an equivalent degree of dilatability) and at the same time the cessation of the hemorrhage, it would be proper to apply the forceps if the presentation be of the vertex variety and pains are present to aid you in your undertaking.

If the head is high in the pelvis, only just engaged in the brim, or movable upon it, the substitution of the feet for the head will probably offer the better mode of delivery. This, as you know, is the operation of version, which has long been considered the remedy *par excellence* in placenta-prævia.

Turning as formerly practiced, however, often did more harm than good; although it was of unquestionable value in suitable cases. The

custom was to pass the *whole hand into the uterus* and turn. As this was often done before the os was sufficiently dilated to admit of the passage of the hand without laceration and bruising of the cervical tissues, or when the patient was so exhausted by previous hemorrhage as to be unable to bear the shock of so formidable a procedure, the results were often disastrous. The operation as thus practiced was frequently more serious than the condition which it was designed to relieve.

The advances of recent years have changed all this, and the method which has given the best results ever obtained thus far in the history of placenta-prævia is still *version*, but performed in quite another manner from the old *podalic* method by means of the hand in the uterine cavity.

The operation which claims your careful study, above all other methods, is that of *combined turning*. To Braxton Hicks are we indebted for the introduction of this procedure and at the time (1860) it was undoubtedly the greatest improvement which had yet been made in operative obstetrics. I do not believe this method has yet received the attention in this country which its merits deserve. The admirable article by Lomer* (*American Journal of Obstetrics*, 1884), has been of great value in placing this method before the profession in its true light. The operation consists in passing *one or two fingers* through the cervix as soon as dilatation has progressed far enough to admit of such an act. The hand of course must be in the vagina to do this, but the cervix itself need not be open more than the width of the two fingers. If the membranes are unruptured they should be punctured with the finger or stilet. If the placenta is in your way try to rupture the sac at its margins; but if this is not feasible, do not lose time, perforate the placenta with your finger, get hold of a leg as soon as possible, and pull it down. The term *bi-manual* of course implies the use of the free hand upon the abdominal wall, acting upon the end of the child's body

opposite to that which is reached by the fingers through the cervix. With the leg and breech of the child within the circle of the cervix, the former having been drawn down into the vagina as far as it will come, the ruptured vessels of the placenta are effectively tamponed. *Experience shows that hemorrhage ceases as soon as the above manœuvre is successfully accomplished.*

You will observe that up to this time the treatment has been an energetic, *active* one. From this period the treatment should be of a *passive* nature. As Lomer says: "A quick extraction made now would cause rupture of the cervix and fatal post-partum hemorrhage. Wait, therefore; give the patient time to rally her powers, wait until pains set in, and then assist nature by exerting slow and gentle tractions. If the child is in danger during this time, let it run its risk, let it die if necessary, but do not endanger the mother by quick extraction." If contractions have not set in up to this time they generally do so quickly, the cervix dilates rapidly, and the child is born within one to three hours.

It will be readily understood that the results obtained by the practice of any one method, or by a combination of the best methods known, will vary on account of conditions which are not dependent upon the method itself nor upon the skill of the operator, such as the condition of the mother as regards blood loss previous to the time of being called into the case, the methods which have been previously employed, etc. The method of combined turning seems thus far to have resulted in a greater saving of maternal lives than any other single plan yet pursued. Statistics as to the mortality of placenta-prævia vary greatly; and upon this point it is idle to dwell, for general statistical tables drawn from miscellaneous sources are utterly untrustworthy here as elsewhere in medical literature. Suffice it to say, however, by way of comparison, that the most favorable statistics yet recorded—those of Dr. Robert Barnes (69 cases, with 6 deaths)—showed a mortality of 8.5 %, while a series of 178 cases, collected by Lomer, treated by combined version alone, resulted in only 8 deaths or a mortality of only 4.5 %. This is an unpar-

* Assistant to the University Hospital for Women in Berlin.

alleled result. Sir James Y. Simpson,* reviewing the treatment in vogue previous to his time, compared the mortality from placenta-prævia with the mortality from yellow fever and cholera. Certainly the time for such comparisons is past. Improved methods of operating and the introduction of anti-septic principles into obstetrical practice have been fraught with most beneficent results. Something should be said here with reference to the fetal mortality, since from a remark which has been made it may be inferred that the life of the child is of little value when the treatment of combined version is adopted. Here, as elsewhere in obstetrical practice, it is held as sound principle to consider the mother in preference to the child, if either life is in the balance. Statistics, however, do not show that this method is especially more disastrous to the child than other methods. At best the life of the child is hazardous, whether delivered by Nature or by art. From 50 to 75 % of children are lost under all methods.

It will be observed, and the point which I wish to impress most strongly upon your minds is this: that the bimanual turning can be employed at any time after the viability of the child is established, and as soon as the cervix is dilated sufficiently to enable you to introduce two fingers. It is not necessary therefore to wait for dilatation with tents, and the tampon is rarely necessary.

I do not mean to say that tents and plugging are *never* necessary as preliminary to bimanual turning. A hemorrhage of severe proportions may have come on suddenly, and in order to check it before doing anything else, the tampon may be necessary either to give time for recuperation or dilatation of a rigid cervix. But, as I have said, such a condition is not common. Nor is that other procedure, *artificial separation* of the placenta, often required, when bimanual version is the object to be attained. This operation is highly extolled as a means of checking hemorrhage, and is especially indicated when the patient is much exhausted, and it is necessary to gain time for recuperation before resort-

ing to the operation of turning by the old method (hand in the uterus). But bimanual version does away with the necessity for delay, because the operation itself is so comparatively simple and can be performed so early in the history of the case. As an explanation of what is expected to be attained by *artificial separation* of the placenta, I might add that it is performed with the finger through the os uteri, and all that portion of the placenta within the region of unsafe attachment (within the polar zone) is stripped off from the uterus. The result is the release of the tissues of the cervix, retraction and closure of the placental vessels and usually cessation of the hemorrhage. A good result, surely, but after this much is left to nature or art, and the plug or version may still be necessary. The simplest and most direct procedure is the best. In the management of placenta-prævia you must study Nature. Understand wherein she is at fault, and adopt such measures *boldly* and *fearlessly* as will relieve her from her dilemma. Realize the physiological processes involved and the dangers resulting from a perversion of these processes and apply the resources of your art, as we have here defined them, and you will meet with your due measure of success.

Reminiscences.

SEVENTY-NINE.—This class was rather a precocious one. At the end of their junior year they thought too many questions were given them in physiology. Thereupon they consulted among themselves, and proposed to hold a regular funeral service over them, which was carried out in good style. R. C. Grant, now of Rochester, N. Y., clad in funeral robes, delivered the oration, and J. Goodell was the poet. The questions were duly discussed, their great merits extolled, and a grand procession formed to carry them to their early grave. The black covers used in the dissecting-room diminished considerably for want of black bordered handkerchiefs. The wailing was great, and "Parson" Brown was heard to say that everything went "off" in good shape with the aid of some

* Selected Works, p. 180.

chemicals prepared by Leal. We had the good fortune to become possessed of part of the oration, and we hereby print it for the benefit of those who were not present on this eventful occasion: 987th epistle of Beale to the brethren in Vienna, found in the 1700th book of Kölliker on the Ependym.

And Virchow contradicted Meynert, and Meynert contradicted Reichert, and Reichert contradicted Recklinghausen, and Recklinghausen contradicted Stricker, and Stricker contradicted Beale, and Beale contradicted Kölliker, and yea, verily, our American disciple contradicted them all. Yet even when a double convoluted racemose cell divested of its intestine gland layer shall undergo development, then shall we have formed a primordial utricle that is an independent entity having a separate existence. Selah. But what sayeth the Prophet Recklinghausen? Behold there shall rise a man in the walls of whose stomach shall exist three small nervous ganglia. And they shall be hidden from the researches of all men but one, and he with the microscope shall unearth them. Verily all glory be to the ardent young investigator. Selah. Thus sayeth Kölliker. The development of the olfactory bulbs and corpus collosum from the fifth cerebral vesicle of the prosencephalon is a beautifully clear and interesting process, and ably shall it be delineated to the "Jewels." For when the spherical bolus of spurious epithelium shall have firmly lodged in the hypophysis cerebri then by the reflex action of the inhibitory nerves of the heart shall the tubuli contorti undergo fatty degeneration and develop into a perfect embryonic gubernaculum testis. Thus we have conclusively and ingeniously proven that the liver is not a sympathetic ganglion, but, strange as it may seem, Professor Brücke in his laboratory at Vienna hath directly contradicted this able hypothesis. He hath taken the ground that it cannot be thus, for were it otherwise the coronary arteries would be filled by direct prolongations from the protoplasma processes of apolar stellate cells from the ependymal thread and embryonic spot during their systole; but this, remember, has nothing to do with the umphalo mesenteric canal

and vesicle. Selah. And now, brethren, let the spirit of enterprise never falter in Vienna, and ever remember my latest discovery, viz., that a starving animal needeth two kilogrammes and three-tenths of albuminous aliment to stay the retrograde metamorphosis of the axyhæmoglobulin in the malphigian tufts of the substantia gelatinosa of Rolando.

Here endeth the first lesson.

The examination in Materia Medica, so much dreaded by other classes, did not have that effect upon this class. While a poor victim would be in the "Professor's Room" to undergo the tortures of the "oral," sixteen of his class would form in the halls for a "Lancers." The music provided for the occasion was the whistle and clapping of hands, and well do we remember how some of this class, who are now dignified professors, enjoyed the fun. Although there was one among them who was pretty well "up" in Materia Medica and rather "short" in Practice, while walking up and down nervously in the Museum Hall, during examination in this branch, was heard to say by the writer: "Well, I have been in thirteen battles in the war, but never was I so scared as I am this evening." When facing the professor he got so nervous that an explosion took place, which resembled a symptom of gelsemium—diarrhœa brought on by mental exertion, *fright*, etc., in the evening. (Lilienthal's Therapeutics, pp. 195.)

He passed Practice successfully, and is now a prominent physician in Kansas City, Mo.

The Faculty prize was awarded to E. V. Moffatt, now Assistant Professor of Materia Medica in our college, who also received the "Millard," "Burdick" and "D'Korth" prizes. J. W. Candee, now at Syracuse, was valedictorian of his class and gained second honor. W. G. Brownell was President and W. M. Decker Secretary of the Hahnemannian Society. C. S. Kinney is one of the staff of the State Asylum for Insane at Middletown. M. Leal, Professor of Chemistry in our college and Surgeon to the Ophthalmic Hospital. E. M. Swift, assistant to the chair of Physical Diagnosis. S. H. Vehslage, Treasurer of the New York County Medical Society. W. S. White, Professor of

Pathology in our college and Professor of Histology and Pathology in the College and Hospital for Women in this city. W. K. Ingersoll is Professor of Histology in the Hahnemann College of Philadelphia.

EIGHTY.—One of the members of this class was "Gabriel," so named on account of his trumpet. When one day, during the lecture on chemistry, the small oxygen gun exploded prematurely near the trumpet, he was almost knocked over and was heard to say that he thought there was some noise somewhere. J. E. Lilienthal, who will soon leave this city with his distinguished father, Prof. S. Lilienthal, for San Francisco, and who was for a number of years attending physician to the College Dispensary, gained the Faculty prize; and to Carroll Dunham, Jr., son of the great author Carroll Dunham, was awarded the second. J. L. Beyea, tall and stately, who is at present providing the seniors with obstetrical cases, was the valedictorian of this class. W. S. Garusey was President of the Hahnemannian Society, and W. A. Dewey, who is at present Professor of Anatomy in the Hahnemann College of San Francisco, was Secretary. Arba R. Green is Coroner of Troy, N. Y. R. E. McDonald, Demonstrator to the Chair of Gynæcology; S. H. Smyth, Attending Physician to the Dispensary; S. F. Wilcox, Lecturer on Orthopædic and Minor Surgery, Chairman of the Executive Committee of the Alumni Association and formerly President of the Society for Medico-Scientific Investigation.

EIGHTY-ONE.—At the end of this session the venerable Professor of Institutes of Medicine, and now one of the censors of our college, resigned, to the regret of all who knew him. For many years he had filled this chair with great credit, and while interspersing his lectures with short stories, such as "Aristotele's Chicken," "The Woman in the Thunder-storm," etc., he gave the Juniors good, solid information appertaining to Institutes of Medicine. Prof. St. Clair Smith resigned from the Chair of Physiology and was appointed to fill the vacancy created by the resignation of Prof. W. N. Guernsey in Pædology.

C. F. Millspaugh, the author of "Millspaugh's

Medicinal Plants," was President and A. B. Norton, now assistant surgeon to the Ophthalmic Hospital, was secretary of the Hahnemannian Society.

The members of this class will undoubtedly remember a meeting of the Society when beans were flung around rather promiscuously—how a well-known person exclaimed: "*This beans is terrible.*" About a bushel of this useful and highly appreciated commodity of Boston was swept up the next day in the Amphitheatre. B. S. Keator was valedictorian of this class, C. S. Elebash and T. C. Williams are Assistant Surgeons to the Ophthalmic Hospital. C. S. Macy, Demonstrator in Gynæcology in our college, C. A. Mayer, now one of the members of the State Board of Health of Kentucky, received the Faculty prize and S. W. Clark gained second honor. H. E. Packer, at present Secretary of the Vermont State Society was Marshall of his class, and well he will be remembered by his dignified bearing when leading the Class of '81 along the aisle at commencement exercises in Chickering Hall.

EIGHTY-TWO.—Two prominent members of this class, C. H. Dunning of this city and J. G. Bowen of San Antonio, Texas, are no more. An obituary notice of both was printed in a former number of THE CHIRONIAN. Dr. Dunning received the Faculty prize, was instructor in chemistry and urinary analysis for several years, and was faithful in the discharge of his duties at the college. His kind disposition made him friends everywhere, and the homœopathic profession lost a young man who surely would have won a high place as a physician. J. G. Bowen was valedictorian and associate editor of *The Southern Journal of Homœopathy*, and was also highly esteemed by all who knew him. To W. N. Bell was awarded the second Faculty prize.

Professor O'Connor, who for eight years faithfully lectured on chemistry and toxicology, and later on Materia Medica, resigned at the end of this term.

O. H. Babbitt, now at Cooperstown, N. Y., was President of the Hahnemann Society, and C. E. Jones, Secretary.

M. T. Dutcher, now in Owego, N. Y., used to be solicited for stories, which he was able to tell with great efficiency.

F. A. Gardener is a prominent physician in Washington, W. H. King, formerly demonstrator in obstetrics, J. S. Daniels, house physician to the Hahnemann Hospital, not to forget E. B. Lambert, who was notified by the Board of Health of this city—for Mrs. Lambert to keep the children at "home."

ONE WHO WAS THERE.

BORIC acid has been employed with apparently good results as a local anæsthetic in a painful suppurating wound.

Thirty grains of boric acid was dissolved in a half ounce of water, and a pad of absorbent lint saturated with this solution was applied to the wound.

"The wound healed rapidly by granulation."

This was the experience of Dr. A. C. Ewing, as reported in the *American Practitioner*.

The Century for March.

FOR the present month, instead of a battle paper, we have from Mr. Charles F. Benjamin—formerly a clerk in the War Department—his recollections of Secretary Stanton, which give a well-rounded presentation of one of the most striking individualities of the war. Coming after the recent discussion of the relations of McClellan and Stanton, this paper will be read with special attention. A full-page engraving of Mr. Stanton's portrait is printed as the frontispiece of the magazine. "Memoranda on the Civil War" include short communications from General Francis A. Walker on "General Hancock and the Artillery at Gettysburg," from the widow of General Warren in regard to "General Warren on Little Round Top," from Captain William H. Powell on "The Reserve at Antietam," some interesting details entitled "In the Ranks at Fredericksburg"; a poem by H. W. Taylor, an ex-Confederate soldier, entitled "The Rebel Yell," and an editorial announcement of the unauthoritativeness of the article "Life on the Alabama," by "P. D. Haywood," recently printed in the magazine. The

battle of Chickamauga will be considered in the April number.

College Notes.

EXAMINATIONS loom threateningly before us.

YOUR idea seems to be correct, but your language, oh! anything but elegant.

SOME one remarked that Professor White is giving the Middlemen tumors this year.

"PROFESSOR: It is found in the posterior, back part of the organ." Oh, Jewett!

"How the deuce can the flexors extend the fingers?" Ask Birdsall and he will explain.

IT is quite laughable to watch a man go down and amputate, but quite another thing when you do it yourself.

THE kindness of Professor Helmuth in exhibiting to the class the results of some recent operations was fully appreciated.

THE next pleasant thing to look forward to is Professor Doughty's "familiar talk" to the students during the hour of his last lecture.

S. W. CLARK, '81, Jersey City, called on Frank the other day to inform him that there was now a young Clark in his household.

THE class supper of '87 was more enjoyable than could have been expected, and the only thing the boys regret is, that it is their last one.

THE Freshmen are doing exceedingly well in the anatomy quizzes this year. We predict a brilliant record for some men in the Class of '89.

W. N. BELL, Ogdensburg, N. Y., should have been noticed in the last issue. He has been present at some of the recent clinics of the college.

THE Freshmen have at last decided to have a class supper. We suppose that the man who wanted the constitution read was on hand at all the meetings.

A COPY of the examination paper in anatomy at the university came recently to our notice. In comparison with our last year's anatomy paper—well, it did not compare.

THE enthusiastic reception accorded Professor Helmuth on the occasion of his first lecture after his illness is but another evidence of the deep hold which he has upon the students.

STUDENT: "What will produce cyanosis of the face?"

Prof.: "The same cause that will produce it in the hands and fingers. I saw a man hanged once."

PROFESSOR HELMUTH's remarks at a recent clinic constituted an argument for Homœopathy both clear and convincing. Those who heard him will not soon forget his eloquent words.

CHASE seems to be the lucky man in our class. Recently he has been appointed Assistant at Ward's Island, and is now taking Dr. Carleton's practice, Sundays, for which he is liberally rewarded.

THE Middle men at a Class meeting held on Saturday, February 5th, resolved to have a Class supper this year, and appointed a committee of arrangements consisting of Haviland, Jewett and Hamlin.

J. H. MOORE, '83, who is now practicing in Brookline, Mass., was married to Miss Grace Rhodes, daughter of a prominent merchant of Haverhill, Mass. Several hundred invitations were sent out to their many friends.

C. E. FISHER, M.D., editor of the *Southern Journal of Homœopathy*, who attended a course of lectures at our college a few years ago, has been elected Alderman in the city of Austin, Texas. They say they are honest down that way.

PROF. McDONALD says "Adam continued to name people until he became tired, then said: 'let's call all the rest Smith.'" We cannot blame Adam, for some of the Smiths we are personally acquainted with would make any man tired.

MY WHISKERS.

OH! my whiskers, my whiskers, how I wish they would grow,

For the boys and alumni to see,
On that memorable night when wit it will flow,
Oh! how boyish and young-looking I'll be.

AT a recent quiz in anatomy, the professor was informed that the internal pudic artery supplied the organs of degeneration. The student hastened to change the last word to regeneration, but the professor remarked that he thought the answer was about right in the first place.

PROF.: "When bacteria die they become spores, and lie inert until developed by favorable surroundings."

S.: "Professor, where can we find these spores?"

Prof.: "Right on the bench where you are sitting."

A DIRE calamity befel our venerable janitor. He burned part of his handsome auburn beard, which has been so long the admiration of the smooth-faced Freshmen; aye, and also of the beardless Senior, who is struggling with the first symptoms of a mustache. While looking for a splint under the ampitheatre, the candle he was carrying came too near his flaming beard, and spontaneous combustion took place immediately. He was not severely burned, but it will be several months before he can show such a beard again.

Mistakes.

THE WORDS OF A GENIUS UNKNOWN.

"IT is a great mistake to set up our own standard of right and wrong and judge people accordingly; to measure the enjoyment of others by our own; to expect uniformity of opinion in this world; to *look for judgment and experience in youth*; to endeavor to mould all dispositions alike; to yield to immaterial trifles; to look for perfections in our own actions; to worry ourselves and others with what cannot be remedied; not to alleviate all that needs alleviation as far as lies in our power; not to make allowances for the infirmities of others; to consider everything impossible that we cannot perform; to believe only what infinite minds can grasp; to expect to be able to understand everything."—*N. A. Journal*. (Italics are ours.)